To

The Member Secretary

GCU Institutional Ethics Committee

Garden City University, Bangalore-49

Dear Sir/Madam,

|  |  |
| --- | --- |
| IEC Ref. No |  |
| Title of the study |  |
| Name of the Researcher/Principal InvestigatorUniversity Registration number/Employee ID |  |
| Designation & School/Department |  |
| Phone number, email ID |  |
| Name, contact number, and E-mail ID’s of all the research members involved in conducting the research study. |  |
| Sponsor/Funding Agency |  |
| Address |  |
| Phone, E mail |  |
| Study Initiation Date |  |
| Current IEC approval expiring on |  |
| Study Completion Date |  |
| Number Screened:Number Enrolled:Target Number-patients/subjects/animals |  |
| Date of first Subject enrolled:Date of last Subject enrolled:Date of first Subject completed study:Date of last Subject completed study: |  |
| No. of study arms |  |
| Duration of the study |  |
| Objectives |  |
| No. of patients withdrawn/ lost to follow up (drop out): |  |
| Reasons for withdrawal:Protocol deviation/ violations:(Number and nature) |  |
| Storage of documents for more than 5 years, Yes [ ] No [ ]If yes, for how many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Results please attach a separate sheet if necessary): |
| Conclusion  |
| Signature of Researcher /PI: ……………………….. Date : ……………………. |
| Forwarded by the Research Supervisor/Guide (Seal and Signature)………………………………………….Forwarded by the HOD (Seal and Signature) |

|  |
| --- |
| **Discussion following EC review:**Motion : [ ] Approved [ ] Further clarification requiredClarifications :**Reviewer’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of the Reviewer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and text should be used in bold.